

## APPLICATION FOR SANDY CITY ALCOHOL AND CONSUMPTION LICENSE

10000 Centennial Parkway

Account # \_\_\_\_\_

Sandy, Utah 84070

Fee Paid \_\_\_\_\_

Sales Tax # \_\_\_\_\_

801-568-7252

Bond Paid \_\_\_\_\_

\$2,000.00

**Establishment Information**

Name of Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_

Web Address: \_\_\_\_\_

Primary Use of Establishment \_\_\_\_\_

License Classification: \_\_\_\_\_

**Establishment Organization Information**

Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Individual \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Primary Applicant Information**

Full Name (last, first, MI) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

If less than five years, list addresses for the past five [5] years

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Social Security Number \_\_\_\_\_

If business is owned by a corporation or partnership, please list full names, dates of birth, citizenship, social security numbers, home addresses and phone numbers on the reverse of this application. If establishment is to be operated by anyone other than officers, partners or applicant, the above information must be supplied on the operator and attached statement also endorsed and notarized. On the reverse of this form include all previously owned or operated businesses for all partners, officers, operators and applicants, including the name and addresses of the businesses and licensing authorities.

Applicant affirms that he/she is of good moral character and has received a copy of Title 5, Chapter 2 - Sandy City Alcohol Beverage Ordinance, including the conditions, requirements, and restrictions of apply for and receiving a Sandy City Alcohol and Consumption License. Applicant further affirms he/she will meet all the requirements of the Utah Liquor Control Act and Sandy City Alcohol Beverage Ordinance, and that all statements contained in this application are true and correct.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and Sworn to Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public\_\_\_\_\_  
Expiration of Notary\_\_\_\_\_  
Residing At

**Information Requested on Officers, Partners and/or Operators**

Full Name (last, first, MI) \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone: \_\_\_\_\_

Full Name (last, first, MI) \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone: \_\_\_\_\_

Full Name (last, first, MI) \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone: \_\_\_\_\_

Full Name (last, first, MI) \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Information on Previously Owned/Operated Businesses of All Officers, Partners, and/or Operators**

Business Name: \_\_\_\_\_ Operated From: \_\_\_\_\_ to \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Licensed Obtained Through: \_\_\_\_\_  
Officer, Partner or Operator who had an interest: \_\_\_\_\_

Business Name: \_\_\_\_\_ Operated From: \_\_\_\_\_ to \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Licensed Obtained Through: \_\_\_\_\_  
Officer, Partner or Operator who had an interest: \_\_\_\_\_

Business Name: \_\_\_\_\_ Operated From: \_\_\_\_\_ to \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Licensed Obtained Through: \_\_\_\_\_  
Officer, Partner or Operator who had an interest: \_\_\_\_\_

Account Number: \_\_\_\_\_

## STATEMENT OF OFFICER/PARTNER/OPERATOR

I, \_\_\_\_\_, being legal officer or partner of  
(insert name of establishment) \_\_\_\_\_,  
which is located at \_\_\_\_\_

Affirm that I am aware of and understand the conditions, requirements, and restrictions of apply for and receiving a Sandy City Alcohol and Consumption License as set forth in Title 5, Business Licensing, Revised Ordinances of Sandy City. I further affirm that I am a citizen of \_\_\_\_\_ and am of good moral character. I also agree to meet all of the requirements of the Utah Liquor Control Act and the Sandy City Alcohol Beverage Ordinance, and affirm that all the statements contained in this application are true and correct.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and Sworn to Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration of Notary

\_\_\_\_\_  
Residing At

## SUPPLEMENT TO SANDY CITY ALCOHOL CONSUMPTION LICENSE

1. All employees who handle alcoholic beverages are required to supply the information requested below listed as items (A) through (E)
2. All employees of a business applying for a Class B, C, D or E Beer, Private Club and/or Liquor Consumption License, must attach hereto a copy of certificate of completion of Alcohol Training and Education Seminar as provided by the Utah Department of Alcoholic Beverage Control.
3. All employees of a business requesting a class C Beer or Private Club License, including bouncers, doormen, and entertainers, (excluding members of a band) are required to file an application with the Sandy City Police Department for an identification card which must be carried on the person at all times while on duty.

(A) Name (Last, First, Middle)	(B) Date of Birth	(C) Social Security Number	PD I.D.

(D) Home Address	(E) Phone Number	Training Cert by:

Applicant hereby affirms that the above is a complete and true list of those employed at:

\_\_\_\_\_  
(Name of Establishment)

\_\_\_\_\_  
Which is located at

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and Sworn to Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration of Notary

\_\_\_\_\_  
Residing At